

County	Code	JUVENILE COURT MINUTES	Case Number
Name of Child			Date
<input type="checkbox"/> did appear <input type="checkbox"/> did not appear			
Activity	Code	Presiding Official	Code
Court Reporter		Clerk	Code

Appearances:

- | | |
|--|---|
| <input type="checkbox"/> Mother _____ | <input type="checkbox"/> Prosecuting attorney _____ |
| <input type="checkbox"/> Father _____ | <input type="checkbox"/> Defense attorney _____ |
| <input type="checkbox"/> Guardian ad litem _____ | <input type="checkbox"/> Attorney _____ |
| <input type="checkbox"/> Social worker _____ | <input type="checkbox"/> Intake worker _____ |

Other: _____

Ct. No.	Description	Statute No.	Sev.	Plea	Amended to	Adjudication
1						
2						
3						
4						

Witnesses sworn: _____

Exhibits: _____

- | | | |
|---------------|--|---|
| Plea: | <input type="checkbox"/> Juvenile rights given
<input type="checkbox"/> Admit _____ | <input type="checkbox"/> Parental notification: reimbursement/victim restitution
<input type="checkbox"/> Deny _____ <input type="checkbox"/> No contest _____ |
| Fact finding: | <input type="checkbox"/> Jury | <input type="checkbox"/> Substitution/judge requested Time limits waived: _____ |

COURT ORDERS:

- | | | |
|---|---|--|
| <input type="checkbox"/> Petition dismissed
<input type="checkbox"/> Motion(s):
<input type="checkbox"/> Temp. custody
<input type="checkbox"/> Capias issued
<input type="checkbox"/> Consent decree
<input type="checkbox"/> Waived into adult court
<input type="checkbox"/> Adjudicated delinquent
<input type="checkbox"/> TPR granted: | <input type="checkbox"/> Granted _____
<input type="checkbox"/> Secure _____
<input type="checkbox"/> Capias quashed
<input type="checkbox"/> Waiver denied
<input type="checkbox"/> Adjudicated JIPS
<input type="checkbox"/> Father
<input type="checkbox"/> Mother | <input type="checkbox"/> Denied _____
<input type="checkbox"/> Nonsecure _____
<input type="checkbox"/> Summons issued
<input type="checkbox"/> Adjudicated CHIPS
<input type="checkbox"/> All unknown fathers |
|---|---|--|
- Guardianship to: _____
- ☐ Placement: _____
- If out of home, parental support obligation: _____
- ☐ Counseling: _____
- ☐ Supervision: _____
- ☐ Programs:
- | | | |
|---|---|--|
| <input type="checkbox"/> Volunteers in Probation | <input type="checkbox"/> Teen Court | <input type="checkbox"/> Youth Corps |
| <input type="checkbox"/> Victim/Offender Mediation | <input type="checkbox"/> Education Program | <input type="checkbox"/> Integrated Service Plan |
| <input type="checkbox"/> Experiential Education | <input type="checkbox"/> Pupil Assistance Program | <input type="checkbox"/> Juvenile Offender Education |
| <input type="checkbox"/> Supervised Work/Community Service: _____ | | |
| <input type="checkbox"/> Other: _____ | | |
- ☐ Intensive supervision ☐ Electronic monitoring
- ☐ Legal custody transfer: _____
- ☐ Restitution/repairs: _____
- ☐ Special treatment or care: _____
- ☐ AODA treatment ☐ Drug testing ☐ DNA/HIV testing
- ☐ Forfeiture: \$ _____ ☐ with costs: \$ _____
- ☐ Restrictions on computer use: _____
- ☐ Driver's license: ☐ Suspension: _____ ☐ Revocation: _____ ☐ Restriction: _____
- ☐ Other: _____
- ☐ TPR warnings ☐ Sanctions/case worker custody warnings ☐ Good cause shown to extend time limits

Person/agency responsible: _____ Expiration date: _____

Next activity date: _____ Time: _____ Type: _____

Other minutes: _____

[illegible]